

AFFIDAVIT OF SERVICE
C.N.Y PROCESS SERVICE, INC.Case No. 04-CV-1681 Judge Wood
RJ No.
Attorney: Blitman

UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK


NATIONAL BASKETBALL PLAYERS ASSOCIATION; AND NATE HUFFMAN,

Plaintiff (s)

-against-

NATIONAL BASKETBALL ASSOCIATION; AND MAPLE LEAF SPORTS &
ENTERTAINMENT, LTD. D/B/A TORONTO RAPTORS**Defendant (s)**

State of New York, County of Onondaga ss: The undersigned, being duly sworn deposes and states: deponent is not a party herein, is over the age of 18 years and resides in the State of New York

That on March 12, 2004 at 10:50 a.m./p.m. located at 645 Fifth Ave. Olympic Tower NY, NY 10022 deponent served the within Summons in a Civil Case Complaint to Confirm Arbitration Award Exhibits A-D and attached Individual Practices of Hon. Kimba M. Wood United States District Court Southern District of New York and Individual Practices of Magistrate Judge Michael H. Dolinger on NATIONAL BASKETBALL ASSOCIATION recipient therein named.☐ **CORPORATION** a _____ corporation, by delivering thereat a true copy of each to Michelle C. Pujals personally, deponent knew said corporation so served to be the corporation described in said document as said recipient and knew said individual to be Asst. Gen. Counsel thereofDeponent also effectuated service upon the defendant by mailing a copy of said documents by Registered Mail Return Receipt Requested on 3/12/04 2004 from _____ bearing United States Postal Service Registration Number RB347476802US.DESCRIPTION: Race W Sex F Height 5'3 Weight 120 Age 29 Hair BrSworn to before me this
12 day of March 2004
NOEMI MERCADO
NOTARY PUBLIC, State of New York
No. 01ME8067429
Qualified in Queens County
Commission Expires December 10, 2008

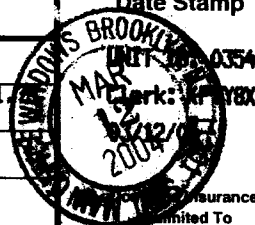
(print name beneath signature)

Neil J. Schrager
Lic.No. 0864972

Registered No. **R8347476802US**

Date Stamp

To Be Completed By Post Office	Reg. Fee \$	8.00	Special \$	
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	Postage \$	2.90	Restricted \$	
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To Be Completed By Customer (Please Print) All Entries Must Be in Ballpoint or Typed	Customer Must Declare Full Value \$		<input type="checkbox"/> With Postal Insurance <input type="checkbox"/> Without Postal Insurance	\$25,000; International Indemnity Is Limited (See Reverse)
	FROM	32 COURT STREET SUITE 1408 BROOKLYN, N.Y. 11201		
	TO	NATIONAL BASKETBALL ASSOCIATION 45 FIFTH AVENUE OLYMPIC TOWER NEW YORK, N.Y. 10022		

PS Form 3806,
February 1995**Receipt for Registered Mail**

(Customer Copy)

(See Information on Reverse)